REPUBLIC OF THE PHILIPPINES **Philippine Health Insurance Corporation**

709 CityState Center Bldg. Shaw Blvd. Brgy. Oranbo, Pasig City TeleFax: 637-3158 637-4735

SBAC-PS-14

JOB ORDER

Supplier HARBORSCOPE INC.		17-07-101	
A. Soriano St. Brgy. 656 Zone 069	Date:	July 3	1, 2017
	Terms of Payment:		
PHILHEALTH	Mode of Procurement: Negotiated Procurement Section		ement Section 53.6
in as per sched	upon ap	proval of the fo	ollowing
SERVICE DETAILS	S	UNIT PRICE	TOTAL AMOUNT
ISING PLACEMENT: CAMPAIGN JBLISED IN A MARITIME PUBLICA ERNATIONAL)		27,000.00	27,000.00
: Full page : Full color ning : Back Cover : Lay-out to ber provided by PhilHe			
ernationally LESS:			27,000.00
	T 2% 482.14 P 5% 1,205.36		1,687.50
Givii	3/6 1,203.30		25,312.50
		=	
dtd. 07/17/17 CorComm			
n amount equivalent to 1/10 on one (*es. (J.O.) by the dealer is not indicated, it we either through fax or e-mail made within the prescribed schedule y. Use of elevator shall only be from (and accepted by the PSMD at 15th Fliall be required for one-time complete ant of goods as to specification when se of repair. comply with Office order No. 0018-20's Contract. No Philhealth personnel sor juridical entity, whether from the pof official duties or which in connections.	t shall be deemed received o dates. Supplier are advised 09:00 to 11:30 a.m. and 1:30 oor, Room delivery of the goods. quoted shall be rejected and 15 entitled (Reiteration of Phi hall solicit, demand, or accep public or private sector, at any on with any transaction which	n the day it was to inform Procure to 3:00 p.m. dur d returned at the lhealth No Gift Pot, directly or indivitime, on or off the may affect the f	acknowledge to ement Section ing Mon/Wed/F time of delivery olicy (Revision rectly, any gift ne work premise
lirectors or employees, or create the a		terest.	/
		Jeren	
		Very truly yours,	

Administrative Officer III Certified Budget Available: Funds Available in the amount of: Php27,000.00 APPROVED: Corazon M. TABULAO LYNIE S. ARCENAS Fiscal Controller III Fiscal Controller III \$ 27,000 -Within the COB: 766-00 /5029901001 P27,000 Change to Concomm / STOPAR (2) 3/20 ABC 2017-07-223 Expense Code: HEAD OF THE AGENCY or Authorized Representativ Budget: DANICA SLOD. BONA YON CONFORME: 8-14-17 Received copy of J.O on of Supplier/Representative